

Patent
Attorney's Docket No. 011350-334

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of) **MAIL STOP AMENDMENT**
Takashi Yamamoto et al.)
Application No.: 10/809,497) Group Art Unit: 3763
Filed: March 26, 2004) Examiner: Laura A Bouchielle
For: CATHETER WITH PUNCTURE) Confirmation No.: 7869
SENSOR)
)

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated September 22, 2005, please amend the above-identified patent application as follows.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Takashi Yamamoto et al.

Application No.: 10/809,497

Filing Date: March 26, 2004

Title: CATHETER WITH PUNCTURE SENSOR

Group Art Unit: 3763

Examiner: Laura A Bouchelle

Confirmation No.: 7869

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

A Petition for Extension of Time is also enclosed.
 Terminal Disclaimer(s) and the \$65.00 (2814) \$130.00 (1814) fee per Disclaimer due under 37 C.F.R. § 1.20(d) are also enclosed.
 Also enclosed is/are _____

Small entity status is hereby claimed.
 Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$395.00 (2801) \$790.00 (1801) fee due under 37 C.F.R. § 1.17(e).
 Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified above.
 Applicant(s) previously submitted _____

on _____, for which continued examination is requested.

Applicant(s) requests suspension of action by the Office until at least _____, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
 A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.

No additional claim fee is required.
 An additional claim fee is required, and is calculated as shown below.

AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	15	MINUS 20 =	0	x \$50.00 (1202) =	\$ 0.00
Independent Claims	3	MINUS 3 =	0	x \$200.00 (1201) =	\$ 0.00
If Amendment adds multiple dependent claims, add \$360.00 (1203)					
Total Claim Amendment Fee					
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					
\$ 0.00					

A check in the amount of _____ is enclosed for the fee due.
 Charge _____ to Deposit Account No. 02-4800.
 Charge _____ to credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

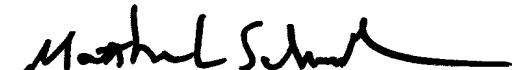
Respectfully submitted,

BUCHANAN INGERSOLL PC

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Date: December 22, 2005

By



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